



Direct Deposit Change Form

Your employer may need additional information such as your Social Security Number, Employee ID Number, etc. Please make as many copies of this form as needed. **Mail completed form(s) to your employer and/or the institution that is making your direct deposit payroll.**

Date _____

Employer's Name _____

Address _____

City, State, Zip _____

To Whom it May Concern:

You are currently depositing MY ENTIRE PAYCHECK/
PART OF MY PAYCHECK (circle one) to the following account:

Old Financial Institution: _____

Routing/Transit Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them to:

Pacific NW Federal Credit Union
Routing Number: 323 075 754
Account Number: _____

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at

(_____) _____ (phone #)

Thank you.

Signature _____

Name (please print) _____



Automatic Payment Change Form

When transferring your withdrawal(s), please allow 30 days or more before your new automatic withdrawal takes effect. **After completing this form, mail it to the financial institution(s) or company(ies) currently drafting your account** such as a utility company, credit card company or mortgage holder, etc. Please make as many copies of this form as you need.

Company or Financial Institution _____

Complete Address _____

City, State, Zip _____

To Whom it May Concern:

You are currently withdrawing \$ _____ for the payment of my _____ (auto, credit card, mortgage, gas bill, etc.) on _____ (date of withdrawal) from the account listed below.

Old Financial Institution: _____

Routing/Transit Number: _____

Account Number: _____

Please stop drafting the above account and begin drafting from the account listed below:

Pacific NW Federal Credit Union
Routing Number: 323 075 754
Account Number: _____

If you have any questions about this request or require additional documents, please contact me during the DAY/NIGHT (circle one) at (_____) _____. Thank you.

Name (please print) _____ Joint Owner (please print) _____

Signature _____ Joint Owner Signature _____

Address _____ City, State, Zip _____



Former Account Closure Form

Please make as many copies of this form as needed. **Mail to financial institution of account you want to close.**

Date _____

Financial Institution _____

Address _____

City, State, Zip _____

To Whom it May Concern:

Please close my account _____ (number), and send a check for the remaining balance to Pacific NW Federal Credit Union 12106 NE Marx St Portland, OR 97220.

If you have any questions regarding this request, please contact me during the DAY/EVENING (circle one)

at (_____) _____ (phone #).

Thank you.

Signature _____

Joint Owner Signature _____

Name (please print) _____

Joint Owner Name (please print) _____

Address _____

City, State, Zip _____

If you have any questions about these forms contact Member Services at 503-256-5858 or visit one of our branches.